

Non-US Citizen Registration Form

3rd ANL/MSU/INT/JINA RIA Theory Meeting

April 4 - 7, 2006

Argonne National Laboratory, Argonne, Illinois

All foreign nationals (non-U.S. citizens) are required by the U.S. Government to provide citizenship information in order to be admitted to the Argonne National Laboratory site. Please complete this form and email or fax it back to Debbie Morrison so she can process your request to visit the Laboratory (morrison@anl.gov) (Fax: 630-252-3903). If you have any questions please do not hesitate to contact Debbie by email or phone (630-252-4100).

NB. This document has TWO pages. Complete only one of **(A)** or **(B)** on page 2.

Name: _____
First Middle (if none, put **NMI**) Last (Family)

Organization: _____

Department or Division: _____

Address: _____

Additional Address: _____

City: _____ State/Province: _____ Postal Code _____

Country: _____ E-mail: _____

Telephone: _____ Fax: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Country of Citizenship: _____
(Must indicate if possess dual citizenship)

Place of Birth: _____

City

Country

Gender: ☐ Male ☐ Female

Title or position (e.g., research scientist) _____

Are you a Permanent Resident Alien: ☐ Yes ☐ No

If Yes, Permanent Resident Alien No.: _____

Are you currently in the U.S.: ☐ Yes ☐ No

Arrival date at Argonne (mm/dd/yyyy): ____ / ____ / ____

Departure date from Argonne (mm/dd/yyyy): ____ / ____ / ____

Complete (A) or (B):

- (A) For Non-U.S. citizens who **ARE** Legal Permanent Residents of the U.S., provide the following information:

Permanent Resident Card No. _____

Expiration Date (mm/dd/yyyy): ____/____/____

(Note: some older cards do not have an expiration date)

- (B) For Non-U.S. citizens who **ARE NOT** Legal Permanent Residents, provide the following information:

Passport No. _____ Country of Issue: _____

Expiration Date (mm/dd/yyyy): ____/____/____

AND

Visa No. _____ Visa Expiration Date (mm/dd/yyyy): ____/____/____

Type of Visa (*i.e.*, J-1, H-1, B-1, F-1) _____

If visa is expired and visitor is in the process of requesting an extension of visa status or renewal or arriving under the waiver program, please complete one of the following:

(Most recent) I-94 No. _____ Expiration Date: ____/____/____

I-20 - SEVIS No. _____ Duration of Stay: _____

DS2019 No. _____ Duration of Stay: _____

EAD No. _____ Expiration Date: ____/____/____

I-589 & I-797 - (need copy of form)

Federal ID (**Mexico only**) _____

Driver's License (**Canada only**) _____